

Towns & Services Page

Please list towns across the top of the chart and check corresponding services for which you would like to be certified.

Child Waiver Services

Towns →								
Additional Towns (If needed)								
Case Management								
Specialized Equipment								
Res. Habilitation Training								
Respite Care								
Personal Care								
Skilled Nursing								
Dietician								
Environmental Modification								
Special Family Hab Home								
Residential Habilitation								
Respiratory Therapy								
Homemaker								

Adult Waiver Services

Towns →								
Additional Towns (If needed)								
Case Management								
Residential Habilitation								
Day Habilitation								
Respite Care								
Personal Care								
Skilled Nursing								
Dietician								
Physical Therapy								
Occupational Therapy								
Adaptive Equipment								
Environmental Modification								
Pre-vocational								
Supported Employment								
Respiratory Therapy								
Speech Therapy								
In-Home Support								

Acquired Brain Injury (ABI) Waiver Services

Towns →								
Additional Towns (If needed)								
Case Management								
Residential Habilitation								
Day Habilitation								
Respite Care								
Personal Care								
Skilled Nursing								
Dietician								
Physical Therapy								
Occupational Therapy								
Adaptive Equipment								
Environmental Modification								
Pre-vocational								
Supported Employment								
Speech Therapy								
In-Home Support								
Cognitive Retraining								

Please complete the following with your current information:

Provider/Facility Name: _____
*Required

Home/Facility Mailing Address: _____

<i>*Required</i>	City	State	Zip
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Home/Facility Physical Address:			
<i>*Required</i>	City	State	Zip

Current Email Address: _____
*Required

Home/Facility Phone: () _____
*Required

Cell Phone: _____) _____
Optional

Fax Number: () _____
Optional

If you are not accepting new participants and wish to remove your name from the provider list posted on the DDD website, please check the appropriate boxes

(You may change this at any time to have your name reinstated on the posted list)

☐ **Child**

☐ **Adult**

□ ABI